



MANDURAH MEDICAL CENTRE

Request for Previous Medical History

Previous Surgery:

Previous GP: Dr

Phone: Fax:

Dear Doctor

The following patient/s are now attending this practice. We would be grateful if you could forward any relevant information that would help with ongoing care of this patient.

PLEASE DO NOT SEND US THE ENTIRE FILE. WE WOULD APPRECIATE A SHORT HISTORY ONLY PLUS THE BELOW DOCUMENTS & DATES BILLED:

(If emailing, please send in PDF Format)

Re: Dob:

Re: Dob:

DOCUMENT	MBS ITEM NUMBER	DATE LAST BILLED
GPMP (GP Management Plan)	721	
TCA (Team Care Arrangement)	723	
HA (Health Assessment)	701 – 707	
DMMR (Medication Reviews)	900	
Mental Health Care Plans/ Reviews	2715/ 2712	

Thank you
Dr

Patient authorisation:

I am now attending the above surgery and hereby give permission for my history & above plans to be released to Mandurah Medical Centre.

Patient's signature:Date:

Patient's signature:Date:

Special Requests:

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MANDURAH WA 6210
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